

Qualitative Case Review

Northern Region

Fiscal Year 2006

Preliminary Results

Office of Services Review

June 2006

Executive Summary

- 24 cases were reviewed for the Northern Region Qualitative Case Review conducted in May 2006.
- **The overall Child Status score reached 96%, with all but one case reaching an acceptable level.**
- Appropriateness of Placement, Health/Physical Well-being, and Caregiver Functioning all reached 100%. There were good increases in two Child Status indicators: Emotional/Behavioral Well-being increased from 75% to 92% and Learning Progress increased from 83% to 92%.
- Stability reached 92% last year, but this year it slipped back to 79%. The other Child Status indicators were at or near the levels they achieved last year.
- **Overall System Performance increased for the third year in a row, achieving a score of 88%.**
- For the second consecutive year Northern region exceeded the exit criteria on five of the six core indicators (Teaming, Planning Process, Long-term View, Plan Implementation and Tracking and Adaptation). At 54%, Functional Assessment was the only core indicator that did not achieve the exit criteria.
- There was a modest difference in overall System Performance when comparing foster care cases with home-based cases, although both case types performed very well. In-home cases performed better than foster care cases on Child Status.
- After dropping last year from 46% to 29%, the percentage of workers with high caseloads soared to 50% this year. The number of new workers reviewed also rose from three last year to five this year.

Methodology

The Qualitative Case Review was held the week of May 8-12, 2006. Twenty-four open DCFS cases in the Northern Region were selected and scored. The cases were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS), as well as first time reviewers from DCFS and outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services such as voluntary supervision, protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally the child's file, including prior CPS investigations and other available records, was reviewed.

Performance Tables

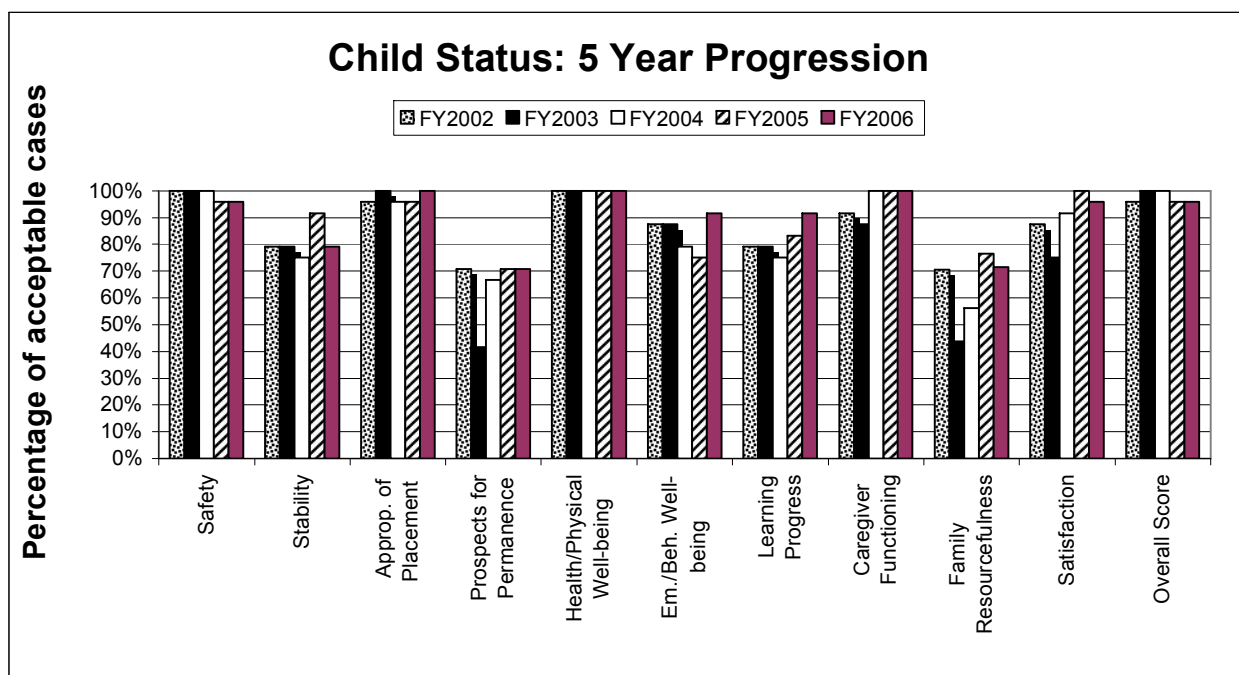
Preliminary data

The results in the following tables are based on the scores provided to OSR by reviewers. They contain the scores of 24 cases. These results are preliminary only and are subject to change.

Northern Child Status				FY02	FY03	FY04	FY05	FY06
	# of cases (+)	# of cases (-)						Current Scores
			Exit Criteria 85% on overall score					
Safety	23	1	96%	100%	100%	100%	96%	96%
Stability	19	5	79%	79%	79%	75%	92%	79%
Approp. of Placement	24	0	100%	96%	100%	96%	96%	100%
Prospects for Permanence	17	7	71%	71%	42%	67%	71%	71%
Health/Physical Well-being	24	0	100%	100%	100%	100%	100%	100%
Em./Beh. Well-being	22	2	92%	88%	88%	79%	75%	92%
Learning Progress	22	2	92%	79%	79%	75%	83%	92%
Caregiver Functioning	12	0	100%	92%	88%	100%	100%	100%
Family Resourcefulness	10	4	71%	71%	44%	56%	76%	71%
Satisfaction	23	1	96%	88%	75%	92%	100%	96%
Overall Score	23	1	96%	96%	100%	100%	96%	96%
			0% 20% 40% 60% 80% 100%					

- 1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY06 current scores.

Note: These scores are preliminary and subject to change.



Statistical Analysis of Child Status Results:

The overall Child Status score was 96%, with all but one case reaching an acceptable level. This is the fifth year in a row that the overall Child Status score was 96% or better! This far exceeds the exit requirement of 85%.

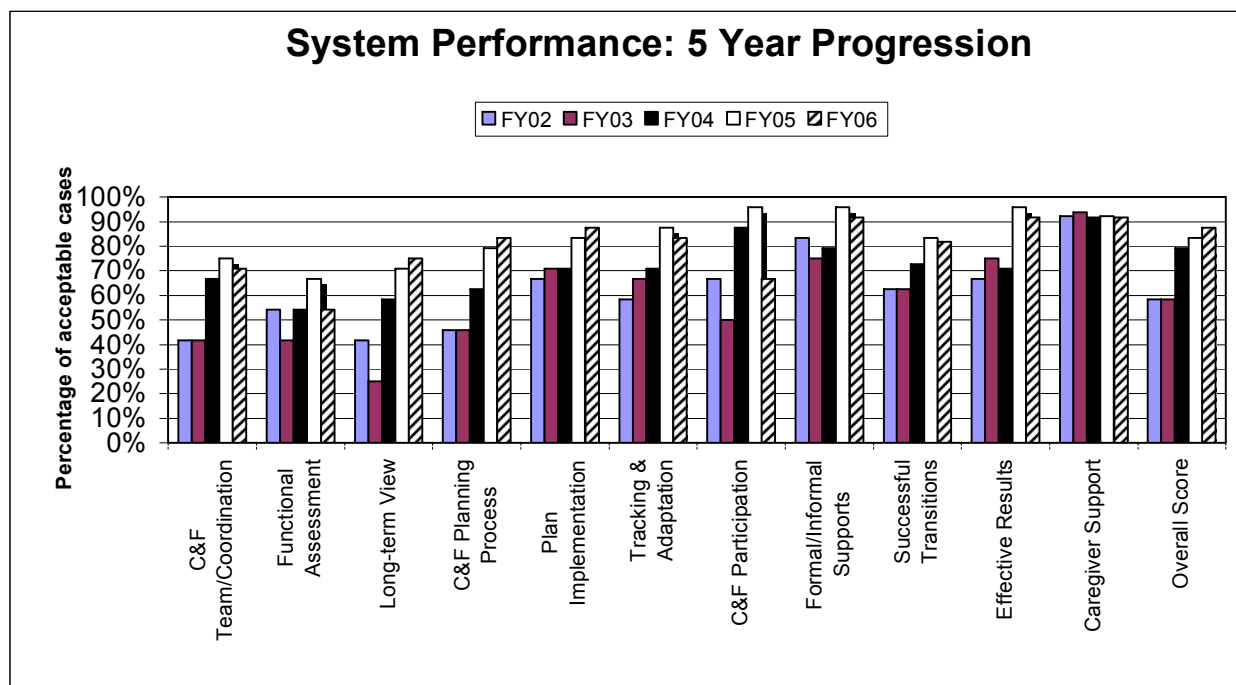
Safety achieved an excellent score of 96%. Appropriateness of Placement, Health/Physical Well-being, and Caregiver Functioning all scored 100%. There were good increases in Emotional/Behavioral Well-being (from 75% to 92%) and Learning Progress (from 83% to 92%).

Prospects for Permanence, Family Resourcefulness and Satisfaction scored at or near last year's scores. Only one Child Status indicator declined significantly; Stability slipped from 92% to 79%.

Northern System Performance								
	# of cases (+)	# of cases (-)		FY02	FY03	FY04	FY05	FY06
			Exit Criteria 70% on Shaded indicators					Current
			Exit Criteria 85% on overall score					Scores
C&F Team/Coordination	17	7	71%	42%	42%	67%	75%	71%
Functional Assessment	13	11	54%	54%	42%	54%	67%	54%
Long-term View	18	6	75%	42%	25%	58%	71%	75%
C&F Planning Process	20	4	83%	46%	46%	63%	79%	83%
Plan Implementation	21	3	88%	67%	71%	71%	83%	88%
Tracking & Adaptation	20	4	83%	58%	67%	71%	88%	83%
C&F Participation	16	8	67%	67%	50%	88%	96%	67%
Formal/Informal Supports	22	2	92%	83%	75%	79%	96%	92%
Successful Transitions	18	4	82%	63%	63%	73%	83%	82%
Effective Results	22	2	92%	67%	75%	71%	96%	92%
Caregiver Support	11	1	92%	92%	94%	92%	92%	92%
Overall Score	21	3	88%	58%	58%	79%	83%	88%

1)

- 1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY06 current scores.
Note: these scores are preliminary and subject to change.



Statistical Analysis of System Performance Results:

Northern Region has steadily improved in their overall System Performance for the past three years. Overall performance was 79% in 2004, 83% last year, and 88% this year!

For the second year in a row, five of the six core indicators exceeded the 70% exit requirement. Three of these five indicators achieved even better results this year than last year. Long term-view rose from 71% to 75%, Planning Process rose from 79% to 83%, and Plan Implementation rose from 83% to 88%. The other two successful indicators (Teaming/Coordination and Tracking and Adaptation) fell slightly, but remained above the exit criteria. Only Functional Assessment has yet to achieve the exit criteria.

Of the other System Performance indicators, Formal/Informal Supports, Successful Transitions, Effective Results, and Caregiver Support scored at or near last year's results (92%, 82%, 92% and 92% respectively). There was an unexpected drop in Child and Family Participation. This indicator fell from 96% to 67%.

Additional Analysis:

The analysis of individual indicator scores shows overall improvement in both Child Status and System Performance indicators.

- There were no indicators in either domain that scored a 1.
- On the Child Status indicators, 90% (196 of a possible 219) received acceptable scores.
- On the System Performance indicators, 79% (198 of a possible 250) received acceptable scores.
- Two years ago there was a significant increase in the number of System Performance indicators that scored 5's (from 48 to 69) and 6's (from 3 to 7). These numbers showed further improvement last year as there were 93 System Performance indicators that scored 5's and 18 indicators that scored 6's. This year there were 83 System Performance indicators that scored 5's and ten that scored 6's.

ANALYSIS OF DATA

RESULTS BY CASE TYPE AND PERMANENCY GOALS

There was some difference in the results when comparing foster care cases with home-based cases. Last year home-based cases performed better than foster care cases (91% versus 77%). This year that trend was reversed. Twelve of the 13 foster care cases had acceptable overall System Performance (92%) while 9 of the 11 home-based cases were acceptable (82%).

Of the three cases that were not acceptable on System Performance, two were PSS cases and one was a foster care case.

Case Type	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Score
Foster Care	13	12	92%	4.3
Home-based	11	9	82%	4.2

All goal types performed very well. For all goal types, either 100% of the cases had acceptable System Performance or all but one case had acceptable performance.

Goal	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Perform. Score
Adoption	3	3	100%	4.3
Guardianship-relative	1	1	100%	5.0
Individualized Permanency	7	6	86%	4.1
Remain Home	9	8	89%	4.2
Reunification	4	3	75%	4.3

RESULTS BY AGE OF TARGET CHILD

The comparison of the results for cases with older and younger children shows little difference on the Overall System Performance scores. Whereas 89% of the cases with a young child (0 to 12 years) had acceptable System Performance, 83% of the cases with a teenager were acceptable. Age does not appear to be a factor that affects performance.

It is interesting to note how the number of teenagers in the sample fell. Last year eight of the cases in the sample (33%) were teenagers. This year only six of the cases (25%) were teenagers.

	# of cases in sample	# of cases acceptable	% Acceptable
System Performance			
Cases with target child 0-12 years old	18	16	89%
Cases with target child 13+ years old	6	5	83%
Child Status			
Cases with target child 0-12 years old	18	18	100%
Cases with target child 13+ years old	6	5	83%

As would be expected based on the low number of teenagers reviewed, delinquency cases were not a factor in this review. Only one of the teenage cases had unacceptable System Performance, and that was not a delinquency case.

SYSTEM PERFORMANCE				
	# in sample	# Acceptable	% Acceptable	Avg score
Non-delinquency	21	18	86%	4.3
Delinquency	3	3	100%	4.0
TOTAL	24	21	88%	4.3

RESULTS BY CASELOAD

Concerns about caseload size have come up in focus groups in the Northern Region over the past few years; however, over those years caseload has not had a negative impact on System Performance. This year, based on the numbers from this review sample, there is justification for concerns about rising caseloads, and high caseloads may have had some impact on System Performance. Last year only 29% of the workers in the sample had high caseloads. This year that number rose to 50%, meaning 12 of the 24 workers reviewed had high caseloads. Six of those 12 workers had 20 or more cases. Based on the data gathered from the QCR reviews held this year in all regions, it

appears that Northern Region has a higher percentage of workers with large caseloads than any other region. The percentage of workers with high caseloads for each region was: Salt Lake–10%, Eastern-13%, Western-25%, Southwest-29% and Northern-50%.

Caseload Size	# in sample	# Acceptable System Performance	% Acceptable System Performance
16 cases or less	12	11	92%
17 cases or more	12	10	83%

RESULTS BY CASEWORKER EXPERIENCE

This year there were five new workers in the sample and all of them had acceptable System Performance on their cases. This is an outstanding accomplishment for these new workers. Experienced workers also performed quite well. Eighty-four percent of the experienced workers had cases that passed.

Length of Employment with the Division	# of cases in sample	# of cases acceptable	% Acceptable
System Performance			
# of workers with 1 year or less experience	5	5	100%
# of workers with 1+ years experience	19	16	84%

RESULTS BY OFFICE

The following table displays the overall results by office. The B, C and D offices all had 100% acceptable overall System Performance. The A office had just one case that was unacceptable and the E office (which had the highest number of cases pulled for the review) had only two unacceptable cases.

SYSTEM PERFORMANCE				
	# in sample	# Acceptable	% Acceptable	Avg score
A	2	1	50%	3.5
B	1	1	100%	4.0
C	4	4	100%	4.0
D	2	2	100%	4.0
E	15	13	87%	4.5
TOTAL	24	21	88%	4.3

RESULTS BY SUPERVISOR

Nine of the 12 supervisors who had cases reviewed had 100% acceptable overall System Performance. Three supervisors had just one case that didn't pass. None of the supervisors had more than one case with unacceptable System Performance. This is a very commendable accomplishment and it speaks highly of the supervisors in the Northern region.

SYSTEM PERFORMANCE				
	# in sample	# Acceptable	% Acceptable	Avg score
A	2	2	100%	4.0
B	3	3	100%	4.7
C	1	1	100%	4.0
D	2	1	50%	4.0
E	3	3	100%	4.0
F	2	1	50%	4.0
G	2	1	50%	3.5
H	1	1	100%	4.0
J	1	1	100%	4.0
K	2	2	100%	5.0
L	3	3	100%	4.7
M	2	2	100%	4.5
TOTAL	24	21	88%	4.3

Northern Region Content Analysis

QCR Review held May 8-12, 2006

Child and Family Assessment

The following grid contains excerpts from all eleven of the stories from the Northern Region review that had unacceptable scores on Child and Family Assessment. The case number, goal and reviewer comments explaining the reasons for scoring Child and Family Assessment as unacceptable appear in the table below.

The eleven unacceptable Child and Family Assessment scores were divided fairly evenly between foster care (five cases) and home-based cases (six cases). Four of the cases had a goal of Individualized Permanency, six had a goal of Remain Home, and one had the goal of Adoption.

In eight of the eleven cases the lack of assessment was primarily around the parents, not the target child. In five cases the reviewers mentioned that underlying needs were not assessed. In another three cases team members each had their own assessment or understanding of the issues, but their understanding was not shared with team members and there was not a common team understanding of strengths and needs. In a couple of cases the reviewers noted that assessment information was not used to create a plan or provide appropriate services.

In order to increase the percentage of cases with acceptable Child and Family Assessment, it appears the region would benefit from focusing workers' attention more on using the team to assess the strengths and underlying needs of the parents.

Case	Goal	Comments
E	Ind Perm	The Child and Family Assessment is underpowered and lacks information regarding key needs, including educational needs and previously identified specific learning disabilities. Although educational testing was done in elementary school, it is not integrated into the current assessment. The assessment also does not include information provided in the original mental health evaluation regarding oxygen deprivation at birth. At the present time, Fetal Alcohol Syndrome is being looked at as a cause for the child's problems with processing. It is perhaps premature to obtain testing for Fetal Alcohol Syndrome when other previously identified causal factors remain unexplored.

H	Ind Perm	The Child and Family Assessment provides an excellent account of events, but does not appear to provide an analysis of these events to be used as a foundation for matching services and supports. The Child and Family Assessment seems to be missing some key components. There does not appear to be an assessment of possible needs or strengths of the father. A more thorough assessment of underlying needs may have helped guide the Child and Family planning process and plan implementation. The child's diagnosis of depression, the loss of his half-siblings, the separation from his mother, the child and father's desire to be together, and the recent remarriage of his father are all potentially significant events that are missing from the assessment.
J	Adopt	The Child and Family Assessment is a really good assessment of the child and her needs, but it leaves out the family. The family's expectations remain high but they are focused on changes coming from the child rather than them. The team is struggling to address this family's underlying issues and concerns.
L	Ind Perm	An initial assessment has been done; however, a comprehensive strategy for addressing emotional issues is not currently in place. A concern about the ongoing assessment over the year that the case has been open is that there has not been a consistent clinical presence on the team to help with understanding underlying emotional and family issues and their impact on achievement of concrete goals leading to independence for the client. There is more potential currently for involving a new therapist in the team, assessment and planning process in order to include a clinical perspective to address the emotional and mental health needs of the child.
M	Ind Perm	There wasn't a sharing and utilizing of the available assessments. Neither of the therapists or the schools had any assessments but their own. There wasn't any consistency in the understanding of the issues at hand. The past three to four assessments in the DCFS file each had different diagnoses including bipolar, ODD, attachment disorder, and adjustment disorder. Critical team members either didn't know anything about a diagnosed brain injury or probable fetal drug exposure problems or understand their effect. It was unclear to key team members as to what was causing the child's anxiety, hyperactivity and pacing behaviors. Some thought it may be a medication management issue. The professionals didn't agree on any one diagnosis.

S	Remain	Assessment information needs to be strengthened. The professionals on the team were not aware of father's ADHD issues and his need for medication. Some members were not aware of his strategies to support his recovery. The understanding of mother's education level varied significantly among team members. This is important as team members work with the mother to identify her next steps for completing her education, which is an important goal she has set for herself. Team members did not know information about a substantiated report of domestic violence that occurred in the past when the couple lived in another county. Prior history shows significant physical aggression on the part of father towards the mother; team members currently believe that the level of domestic violence has always been primarily verbal.
W	Remain	The child and family assessment is the area that most strongly affected the unfavorable results on the system side. When the case opened, DCFS and the courts requested that Mother and Father undergo a substance abuse evaluation and participate in parenting classes. The substance abuse evaluation was not completed for several months after the case opened. This delay of assessment and consequently the lack of completion of the recommendations from these assessments showed reviewers that the needs of this family have not been adequately addressed.
X	Remain	Plans have been put in place to address events, but there appears to be limited understanding of underlying needs of the parents. Insufficient assessment was done to help understand the dynamics and concerns of the family. The communication issues between parents were not adequately assessed and an understanding of some of the conflict, anger and underlying issues around the DV issue was not apparent in the documentation or in the interviews.
Z	Remain	The Child and Family Assessment document contained good historical information on the family but lacked some significant areas – such as the seriousness of the mother's health. A little more attention to analysis of acquired knowledge and information for this family would better serve continued plans and services for them. Also, by addressing and helping the mother resolve her medical problems, the likelihood of continued success for this family is increased.

A	Remain	The child and family assessment is missing a big picture view. The providers each have independent conclusions but there is a lack of team understanding of what Mother needs to sustain her success and meet her long term goals. One of Mother's greatest needs is to get more education or vocational training in order to be qualified for better employment. There is no indication as to Father's role in the family although everyone is aware that Mother wants to marry Father and be involved in his life. The assessment is not strong enough because of the lack of teaming to get a good, clear picture of the family situation and the impact of each player's knowledge.
B	Remain	It never became clear what the underlying issues/needs for this family are and if they have been addressed. The symptom of communication has been addressed but the reasons for poor or lack of communication is unclear. There was no recorded assessment of the nature and depth of Mom's depression. It was considered not as important because she stopped cutting on herself; however, it was not determined if the indications of depression could be manifesting in other ways. Many people involved with the family had differing impressions of the family's needs. These ideas were never shared by or with the whole team.

Child and Family Participation

Because there was a significant drop in the score on Child and Family Participation (from 96% to 67%), OSR looked at the eight stories that had unacceptable scores on Child and Family Participation. Six of the cases that had unacceptable scores were foster care cases when the sample was pulled for review. The case number, goal, and reviewers' explanations for the unacceptable scores appear in the table below.

In the first case the unacceptable score was due to the child feeling that she did not give input to the independent living goals and she did not feel ownership of her plan or of team meetings. In the other cases the scores were based mainly on the parents. These scores reflected parents not participating in the teaming process, feeling they had no real power, feeling they had not been heard and feeling they were not included in the development of the plan.

Case #	Goal	Comments
G	Ind Perm	The child did not feel she participated in the development of the child and family plans. She admits to being at the Child and Family Team meetings. She admits to discussing progress and goals. However, she states she did not know what the meetings were for and that she did not give input to the independent living goals identified on the plan. The child did not feel ownership of her plan or of the team meetings.
H	Ind Perm	Family members and others important to the child are not active participants in the team process. Father reports he has not felt a part of the team and in fact feels that they have worked against him to keep his child in foster care. Father does not feel he was included in the development of the service plan and states that the foster father and the new therapist have been the only people that have listened to him.
J	Adopt	There has been some problem with integrating the current foster/adopt family into the team. The family feels that while they have some input into the service plan and the interventions, they have "no real power." They feel they have not been genuinely heard. The adoptive family has not felt empowered or at the center of the team. The professionals need to make room for them and then informal supports need to be included.
K	Reun	Despite efforts by the current worker, the bio-father says he is not sure what the court order says and even though he signed the service plan, he says he doesn't know what he must do in order to have the children returned to him. He feels the service plan was presented to him and, according to the mom, "There is a ten page plan and they keep adding stuff for him to do." Neither he nor the mom say they are sure what it will take for the children to be returned to him.
Q	Reun	The main problem in this case is the engagement of the mother and her own mother. There are multiple indications from the beginning of

		<p>the case that the worker invited the mother and grandmother to meetings, which they attended, that she talked with her on the phone and has been to her house, yet Mother feels that the state has turned against her. Mother was the one who approached DCFS and requested help – her daughter was not removed from her – but she now feels that she is treated like she is the guilty one.</p> <p>The fact that visitation was ended does hurt Mother deeply and impacts our evaluation of Family Participation. This woman feels completely disempowered and it will take a lot of time and effort to try to make her feel like she is being listened to again and that she has a say in her daughter's life. The score would be even lower if it wasn't for the fact that the child feels that she has been listened to and made an active participant in the decisions made about her.</p>
R	Remain	<p>Family members are not participating in team meetings. Meetings are held during the time that Mother's brother and his wife work; otherwise they would be able to attend. Her grandparents and father have helped her in many important ways, yet they are not participating in team meetings. The GAL, with whom Mother has a contentious relationship, does attend the team meetings and as reported by other persons interviewed, is a major influence in directing the course of the case plan. Mother feels that she has little input into her case plan. She feels that "they put it together and I do it."</p>
W	Remain	<p>Child and Family Participation is the first area that was identified as needing to be strengthened. The caseworker has held several team meetings. The first meeting had many key members involved; however, several of the team meetings were held with only part of the team and the informal supports were not involved (one meeting was held to develop the service plan that only involved the mother). DCFS has recently re-involved key informal supports as well as identified other family members that are willing to support the family. The family has many people who are eager to be involved and support the family; they just need to know their role and what they can do.</p>
Y	Remain	<p>The father is not an active participant on the team. As the child's primary caretaker he is one of the most important members of the team, but he is being alienated because the team has yet to find a way to reach out to him in an effective manner. There is a current split in the team's opinion about the father, some professionals being open about the father's strengths and his role in the family and others not agreeing and wanting to limit his role within the family.</p>

EXIT CONFERENCE
Northern Region
May 2006

STRENGTHS

Child and Family Team

- Committed professionals (foster parents, caseworkers)
- Good teaming since beginning of case
- Worker accommodated family and therapist needs by holding team meeting on Saturday
- Good coordination within the child and family team
- Team flexible enough to get members as needed

Stability

- Child and sibling in home since birth

Permanency

- Achieved permanency in a timely manner
- Good concurrent planning
- Appropriate placement

Formal and Informal Supports

- Good committed foster family, foster family committed to reunification
- Good resources for DV treatment
- Drug court very helpful
- Good formal and informal supports
- Employer's flexibility was very helpful to the family

Engagement

- Caseworker built trust with mother by overcoming stereotypes and treating her with respect and dignity
- Good engagement with the family support system and team

Tracking and Adaptations

- Responsive to changing conditions

LTV

- Well-written long-term view with effective concurrent plan

Child progress

- Child making substantial academic and social progress

Service planning

- Well-coordinated DCFS and Drug Court Plan
- Extensive service array to meet needs

Child and Family assessment

- Good written assessment, good gathering of information

Family Functioning

- Mother works hard in recovery

Transitions

- Great transition plan

PRACTICE IMPROVEMENT OPPORTUNITIES

Child and Family Team

- Engage biological family better, earlier
- Include family members in the team
- Schedule team meetings to allow full participation
- Build informal team supports
- Listen to family when they identify their needs
- Members with key information not brought together
- Have face-to-face meetings to get a big picture
- Difficulty in engaging difficult parents, use team members to help
- Include school in team
- Members need to be more supportive of relapse plan
- GAL wants to be invited to home visits with caseworker
- Better communication amongst team members

Assessment

- Address underlying needs
- Increase documentation of needs assessment
- Assess foster/adopt family needs, not just the child
- Develop better strategy to deal with resistant parent

Services

- Create safety plans
- Need day care services for recovering mother
- Better follow up on services required by court

Permanency

- At the appropriate time, connect adopted child with biological family

LTV

- Include more specific steps to get family from where they are to where they need to be
- Address alternatives to LTV

Tracking and Adaptation

- Visitation plan needed to be adapted as recovery progressed

SYSTEM BARRIERS

Recruit a greater diversity of foster homes
Lengthy adoption procedures after termination of parental rights
Limited number of therapists who treat young children
Need DV programs that include therapy, not just education
Ensure timely transfer of information to school
Lack of funding for daycare

REGION DISCUSSION:

Child and Family Assessment

- If results are achieved, why dig further and bring more people to the team? (Long-term perspective is needed—develop informal supports who will help the family when the Division is no longer involved)
- Assessment focuses specifically on the reasons for the family being in care, so why focus globally? (Sometimes child welfare is too ambitious, but the reason to look broadly and deeply is to understand enough to prevent problems. Prioritize issues related to protection, permanence, and well-being.)
- Sometimes assessment is just on the child and we neglect assessment of other family members.
- We need specifics of what we need to do to get “over the top” on assessment. Develop better clarity on assessment.
- Prioritize assessing. Some families don’t need extensive assessment. (It is helpful to periodically get together and check how we’re doing, check the team’s knowledge.)
- It is daunting to get the family team together to discuss family.
- Sometimes we get complex issues and we need to know the underlying “why?”
- Do deep assessment on safety, permanence, well-being.
- It is difficult to get the assessment information and develop teams within 90 days.
- On the Service Plan the needs statement doesn’t really reflect underlying needs, it often just lists services.

Child and Family Participation

- Some families just don’t want to be involved in the family team.
- Some cases need to have preparation of parties before the actual meeting (meet before, email, phone).
- Take time at the very beginning to engage. What would be lost if we don’t meet together as a team? What is it that you need to help you become an active participant? Talk to everyone before the meeting so you have a sense of their agenda. Set ground rules in preparation for the meeting. Increase the probability of successful team meetings through preparation. Sometimes the family is not open with us and this affects the review.

REVIEWER RECOMMENDATIONS

Child and Family Assessment:

- Assess the needs of the caregivers, not just the child. Use the assessments to build supports.
- Find creative ways of bringing the family into the assessment process.
- We are doing a great job of gathering information. The next step is sharing, analyzing and using the information we have.
- Identify underlying needs and implications for planning. For example, how does this relate to your long-term goals? Ask the team, what is motivating the behaviors? How do you integrate underlying needs into future service planning, not just provide the same services as we've always provided? Supervisory review is critical.
- Build on positive underlying needs which are driving forces, don't just focus on problems.
- Pay attention to cultural issues when assessing the family.

Child and Family Participation:

- When you have difficult parents, call in the supervisor or other family team members early in the planning process to help with the parent.
- Give the family a sense of ownership in planning. Get them involved in setting team meetings.
- Respect the "Cone of Silence." Give the family time to think and express themselves. Don't just keep jumping in.
- Spend time looking through relationship issues.